Regional Concepts To Ponder

Eliminating Barriers to Access

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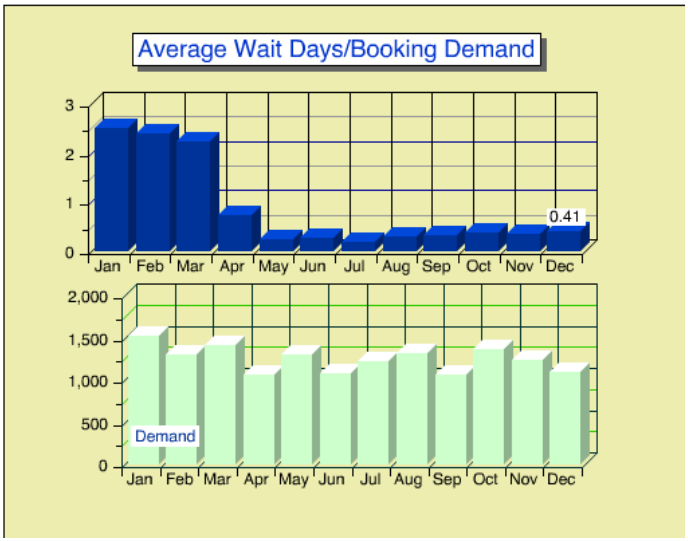
Access is a key element of MHS Optimization. One of the business initiatives in the National MHS Optimization plan of March 2000 is to "increase ease of access". Two initiatives in support of improving access are implementing PCM by name and appointment standardization. One method of access improvement that builds upon these initiatives is "Open Access" and several military clinics have been experimenting with this approach. Open or advanced access is most simply characterized as a system designed to offer a same day appointment with their PCM to any patient requesting to be seen, eliminating delays and distinctions among appointment types. This revolutionary idea naturally engenders skepticism, especially because in general it envisions no increase in current staffing levels.

To understand how same day appointment availability can work, one needs to think of access as an issue of supply and demand. The beneficiary population presents a demand for services and the MTF has a certain capacity to supply those services. In general, the supply and demand equal out over time, but there is frequently a delay between the request and the provision of services. Patients are sorted into appointment categories and the less urgent requests are postponed into the future. The complex process of creating this backlog is expensive, requiring staff time and energy for triage and negotiation with patients. Delays contribute to patient dissatisfaction, increase no show rates, and introduce a quality risk as care is postponed into the future. This expense can be reduced by working down the backlog, and then meeting the demand for care as it arises each day. This concept has been boiled down into the catch phrase; "do today's work today". Instead of the beneficiaries absorbing variations of supply and demand by variable waiting times, the system is designed to make daily adjustments to maintain same day access for all patients requesting it.

The second key element of open access besides eliminating delay is continuity of care. Making PCMs accountable for their panel aligns incentives in the direction of taking care of today's work today. Work deflected into the future remains the responsibility of the PCM, so keeping tomorrow's appointments open becomes an advantage. Continuity decreases demand, as fewer visits are needed when patients receive care from providers who know them personally. Panel accountability also increases the incentive to provide preventive services, further reducing future demand. Finally, an ongoing



relationship results in higher satisfaction for both the patient and staff.

In the TRICARE Europe region, we initiated a pilot project with 7 MTFs in December of 2000 and expanded to 8 additional sites in the fall of 2001. We have supported the implementation of open access by contracting with expert consultants to train clinic teams, and by developing an "Optimization Support Tool" on our web site http://europe.tricare.osd.mil which provides data and documents progress. A number of clinics have successfully deployed Open Access, while others are still addressing various challenges. The final verdict on Open Access is not in, but current experience indicates that this approach has great potential to help the MHS reach its optimization goals.

Graph from website showing a clinic with an average waiting time of less than 1 day.

****Please plan on attending our breakout session presentation in the Clinical Issues Track (T501) at the TRICARE conference for an enhanced discussion of this program along with a presentation on internet appointing by CAPT Brian Kelly of TMA*. ⌘

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